MAINE COMMISSION ON INDIGENT LEGAL SERVICES

Application for OUI & Domestic Violence Specialized Case Types

Ap	Applicant Name: Bar Number:	
Ple	Please check the case type(s) you are applying for:	
	Domestic Violence Operating Under the Influe	nce
<u>O</u>	Operating Under the Influence	
A.	A. Do you have at least one year of criminal law experience? Yes No	
	If your answer to (A) is no, please provide information on the last page of explaining the need for a waiver and your experience and qualifications to representation for individuals charged with OUI despite your lack of the recriminal law experience	provide
B.	B. Have you tried before a judge or jury as first chair at least two criminal cast ten years? Yes No How many? Have you conducted at least two contested hearings within the last ten year Yes No How many? If your answer to any part of question (B) is no, please provide information page of this application explaining the need for a waiver and your expendications to provide representation for individuals charged with O lack of the required trial experience.	rs? ation on the last erience and
C.	C. In the past three years have you earned at least 4 hours of CLE credit on to OUI defense? Yes No	ppics relevant to
D.	D. Please outline your reasons for interest in and qualifications for representing charged with OUI (attach additional sheets if necessary).	ng individuals

Domestic Violence

A.	Do you have at least one year of criminal law experience? Yes No
	If your answer to (A) is no, please provide information on the last page of this application explaining the need for a waiver and your experience and qualifications to provide representation for individuals charged with domestic violence despite your lack of the required years of criminal law experience
B.	Have you tried before a judge or jury as first chair at least two criminal cases within the last ten years? Yes No How many? Have you conducted at least two contested hearings within the last ten years? Yes No How many?
	If your answer to any part of question (B) is no, please provide information on the last page of this application explaining the need for a waiver and your experience and qualifications to provide representation for individuals charged with domestic violence despite your lack of the required trial experience.
C.	In the past three years have you earned at least 4 hours of CLE credit on topics relevant to domestic violence defense which included training on the collateral consequences of such convictions? Yes No
D.	Please outline your reasons for interest in and qualifications for representing individuals charged with a domestic violence crime (attach additional sheets if necessary).

WAIVER

Statement of reasons for waiver request (may attach additional sheets if necessary). Pleas	e
note the case type(s) and question(s) you are responding to.	

If you seek a waiver, please submit three letters of reference from attorneys with whom you do not practice that assert that you are qualified to provide representation in the case type(s) you are applying for. The letters of reference must be submitted directly to the Executive Director by the author.

Applicant's Signature	 Date	

Please submit this application to MCILS by email, fax, or mail:

mcils@maine.gov • Fax 207-287-3293 MCILS, 154 State House Station, Augusta, ME 04333-0154